MASS. ED 21.2: M382/41

UMASS/AMHERST
312066 0271 3240 6

The Massachusetts Family Network

A report on the programs and recommendations for the future

DOCUMENTS COLLECTION
UNIVERSITY OF MASSACHUSETTS

Massachusetts Department of Education

January 1997

Massachusetts Department of Education

This document was prepared by the Massachusetts Department of Education
Dr. Robert V. Antonucci, Commissioner of Education

The Massachusetts Department of Education, an affirmative action employer, is committed to ensuring that all of its programs and facilities are accessible to all members of the public. We do not discriminate on the basis of age color, disability, national origin, race, religion, sex, or sexual orientation.

Publication Number: MFN 17881

350 Main Street, Malden, MA 02148
Phone: 617- 388-3300 TTY: N.E.T. Relay 1-800-439-2370

This document and all Department documents and publications are also available on our Internet site on the world wide web at http://info.doe.mass.edu

Copyright© 1996 Massachusetts Department of Education
Permission is granted to copy all or parts of this document for non-commercial educational purposes.
Please credit the "Massachusetts Department of Education."

This document printed on recycled paper.

The Commonwealth of Massachusetts
Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Robert V. Antonucci
Commissioner

January, 1997

Dear Colleagues:

Support for comprehensive early childhood programs is integral part of any Education Reform effort. In communities across the country, family resource and support programs are providing comprehensive services designed to prevent problems and promote family well-being. Although evaluation of many family support programs is still in progress, the initial evidence shows the following benefits of family education and support:

- Improvements in children's health and physical, emotional and social development.
- Improvements in parents' knowledge of child development, more understanding of how to stimulate their own children's development, improvements in parents' attitudes about child rearing, more positive parent-child interactions and more appropriate expectations of children's abilities
- Increases in parents' use of available community resources
- Reduced likelihood of inadequate prenatal care, unplanned repeat pregnancies, parents' failure to complete school, and child abuse and neglect
- Reduced isolation and perceived isolation

A family education and support program was created by the Massachusetts Education Reform Act of 1993. Section 84 of Chapter 71 directs the Department of Education to develop a demonstration project "to assess various models of parent outreach programs" for families of our youngest children. According to legislation, initial outreach was to focus on families educationally at risk, but should try to involve as many families in the community as possible. The purpose of the demonstration project, named the Massachusetts Family Network, was to support the foundations of children's learning from the start.

The initial Request for Proposals released in May of 1994 called for innovative approaches to family support and education that included the following components:

- Family and child development services, including home visits, guidance in child development and health and developmental screening
- Adult education services, including adult education and family literacy
- Family support and leadership, including family activities, support groups, leadership opportunities and advocacy

- Administrative services, including a community advisory council, outreach, child care and transportation (for events, group meetings), assistance with basic needs and transitions

Models were to be developed in urban, suburban and rural communities and represent different parts of the state, and these models were to be assessed as potential models for Massachusetts. The ten demonstration sites that were selected encompass fifty-eight cities and towns and have each contributed to developing the Massachusetts Family Network model.

This report has been prepared by the Department staff to describe the Massachusetts Family Network model and summarize results to date. Recommendations based on these results are offered for your consideration. The goal of the legislation was to develop a universal model for implementation across Massachusetts. I believe this initiative has been a terrific success locally. It is my view that in order to maintain quality, the project should be expanded to become universal across Massachusetts over the course of the next several years.

Sincerely,

Robert V. Antonucci
Commissioner of Education

TABLE OF CONTENTS

Executive Summary 1

- Introduction
- Recommendations

Why Do Families Need Support? 6

- What is family support?
- The national picture: funding and research

What Is the Massachusetts Family Network Model? 10

- Background
- Program Overview
- Funding

Does the Massachusetts Family Network "Work"? 16

- Methods
- Results

Conclusions: Is This the Model for Massachusetts? 27

References 30

Appendices:

- Appendix A: Section 84 of Education Reform Act of 1993
- Appendix B: Proposed Legislation
- Appendix C: Sample of Quality Indicators Instrument
- Appendix D: Individual Project Descriptions

ACKNOWLEDGMENTS

The Department of Education would like to thank the many people who contributed to the development of the Massachusetts Family Network.

The Massachusetts Family Network project coordinators along with their staff and volunteers not only developed Family Networks within their own communities, but also generously contributed time and effort to the statewide evaluation of the project. The local project coordinators and other project staff and parents involved in the evaluation were:

Assabet Valley Family Network: Sharon Switzer
Center for Families of North Cambridge: Norma Kisati, Carolyn Ross and Mary Wong of the Kids' Council of Cambridge
First Connections (Concord area): Ronna Cohen and Gail Fields
The Family Network Project (Milford): Sue Edwards, Ellen Gelpke, Sarah Humiston, Ellie Jullian and Laurie Spena
The Family Network (Martha's Vineyard): Susan Markwica and Marney Toole
Family Ties (Worcester): Allan Chates, Angela Watkins
Hampshire County Family Network: Jim Ayres
Medford Family Network: Dee Bertozzi, Marie Cassidy
New Bedford Family Network: Esperanza Alejandro, Elizabeth Camillo, Joanne Clark, Christine Germano, Pam Kuechler, Cyndi Loomer and Karyl Grace Perry
Southern Berkshire Family Support Network: Claudette Callihan

Among Department staff in Early Learning Services, particular thanks go to: Rachel Weil who coordinated the project; Alice Barton, the principal author of this report; Elisabeth Schaefer who contributed her ideas as well as supportive supervision; and Shelley Gross, who contributed to the writing of this report and in assorted other essential tasks along the way.

Thanks also to the members of the task force that developed the initial blueprint for the Massachusetts Family Network, particularly Barbara Rosenquest, Carole Branden, John Magnani, Mary Stellato and Dee White, all of whom have continued their active involvement in the project.

EXECUTIVE SUMMARY

...Clearly a lot of work goes into the Family Network. The information is somehow there just about the time I have a question or Benjamin presents a new mystery to us. Also, it's never too clinical. There is humor and genuine caring and nurturing information from a source of integrity and professionalism, like a wise relative with a Ph.D. in Child Psych. from the University of Reality. Also, we really have valued the play groups. Before we made it into day care, these groups were one of the few opportunities to spend time with other children and parents and that is invaluable in terms of support and fun and meeting new friends and helpers. The Toy Library is just such a great idea and we use it a lot. The toys are a challenge and much nicer than we can usually afford...

-- a parent on Martha's Vineyard

The American neighborhood as I knew it as a child and a young adult is a thing of the past. With its passing we have lost a natural flow of information, caring and help. I believe that the Family Network is filling a very large void. As a new father, it helped to free me of many of my new-found fears. [The] classes have been a wealth of information. Looking across the class at other parents, you don't feel so alone.

-- a parent on Martha's Vineyard

Although many Americans cherish the idea or memory of having a mother at home and a father as sole financial provider, in many cases those days are past. Extensive research documents the current trends in American families -- more single parent families, families living great distances from their extended families, more mothers in the work force and an increase in the number of children living in poverty. The time and neighborhood friendships that used to lead to informal chats over the back fence to exchange child and family information just doesn't exist for many families. As a result, one of the difficulties of being a parent these days is isolation from a supportive network of friends and family.

A variety of early stresses, weak attachment to care givers or lack of appropriate stimulation can have negative and long-lasting effects on children's development. A positive, healthy start in life provides a foundation for all areas of development and has a life-long impact. The qualities that characterize children who are "ready to learn," such as curiosity, ability to use language to communicate, self-confidence and trust in others, are grounded in children's experiences during their first few years of life. If healthy development is not fostered the losses can rarely be regained, or only at high cost.

In communities across the country, family resource and support programs are providing comprehensive services designed to prevent problems and promote family well-being. Although evaluation of many family support programs is still in progress, the initial evidence shows the following benefits of family education and support:

- Improvements in children's health and physical, emotional and social development.
- Improvements in parents' knowledge of child development, more understanding of how to stimulate their own children's development, improvements in parents' attitudes about child rearing, more positive parent-child interactions and more appropriate expectations of children's abilities
- Increases in parents' use of available community resources
- Reduced likelihood of inadequate prenatal care, unplanned repeat pregnancies, parents' failure to complete school, and child abuse and neglect
- Reduced isolation and perceived isolation

The Massachusetts Family Network was created through the Education Reform Act of 1993 to realize some of these benefits for families and children across the state. Section 84 of Chapter 71 calls for the Massachusetts Department of Education to develop a demonstration project "to assess various models of parent outreach programs" for families of the Commonwealth's youngest children. Appendix A includes the text of Section 84. The models were to include urban, suburban and rural locations with services that included, but not be limited to:

- home visits to educate parents in child development,
- assistance and support for parents to meet their own educational needs,
- promotion of literacy in the home,
- parent involvement in children's activities,
- basic health, language and motor development screening, and
- parent support groups and events.

Section 84 required the preparation of a report to the Legislature with recommendations for a model of parent outreach that could be applied universally across the Commonwealth with proposed legislation to be submitted with the report. The proposed legislation can be found in Appendix B. The recommendations that emerged from the development and assessment of the ten demonstration sites are below. A full description of the project in contained in the remainder of the report.

Recommendations

The Massachusetts Family Network is an exciting undertaking that has sparked the enthusiasm of participating families as well as the professionals who have worked with the individual projects. Local project coordinators have had many requests from families in adjoining communities to participate in MFN activities; the state project coordinator has received numerous calls from parents in the demonstration sites asking how they can support the continuation and expansion of the program and also from professionals in other cities and towns who are eager to add their communities to the Family Network.

The Family Network is built on three key elements: **flexibility, collaboration** and the **universal approach.** In recommending a model for parent outreach appropriate for the cities and towns of Massachusetts, these elements should continue as essential guiding principles. The MFN model described in this report works differently in each community. Communities have the flexibility to

develop a program suited to their unique characteristics, but still providing a basic set of required services. Collaboration allows community agencies, businesses and individuals to build on each others' resources and go beyond providing the services required by the project. The universal approach brings people together and generates broad support for families and for the project.

Based on the assessment of the work that has been done in the last year and a half and ongoing discussions with the project staff, six recommendations are made to improve the project in the future.

1. **Adopt the Massachusetts Family Network model and guiding principles**

   The MFN model consists of several components: family and child development services, such as home visits and developmental screening; family support and family activities; parenting education, adult education and family literacy. These should continue to be included as components of the project as communities are added to the Family Network.

   The principles of flexibility, collaboration and a universal approach should continue to guide the project. This will allow the local projects to change and grow with their communities, to adopt and adapt up-to-date techniques for various components of the project and to develop from the start with an approach that can support families and children in a positive, coordinated way.

2. **Coordinate similar initiatives at both the state and local levels.**

   The Request for Responses to expand the Massachusetts Family Network encourages the development of coalitions of similar early childhood and/or preventive programs within communities rather than the establishment of new councils, unless no appropriate council exists. Many communities have Community Partnerships for Children programs, Community Connections, School Linked Services programs or other preventive programs that require a collaborative effort with a community council structure. The Massachusetts Family Network has been a mechanism in some of the demonstration sites to consolidate and coordinate several related efforts. By using existing family-focused, decision-making councils that may be in the community, the Massachusetts Family Network can become part of ongoing prevention efforts instead of creating a new infrastructure that could involve, or compete with, many of the same people and agencies. This approach strengthens service systems and builds collaborative relationships that can more effectively respond to the needs of families and children.

   At the state level, coordinators of several collaborative, preventive programs administered by different agencies have been meeting to make the requirements of the programs more consistent for communities and to link technical assistance efforts. The mission of this group of state program directors is to strengthen communities' capacities to address the needs of children and families and to promote collaboration and resource sharing. A similar group or expanded group should include higher-level administrators and other stakeholders.

3. **Phase in universal programs over several years.**

To maintain quality and to develop a system that is a network in more than name only, the project should be expanded to become universal across the state over several years.

In order to fund projects equitably and ensure that comparable programs are offered across the state, a per capita formula is recommended. For instance, in Minnesota awards funds to school districts based on a per capita formula of approximately $100 per child birth through age four in the district, with a "floor" or minimum amount available for very small communities. The average expenditure per family served is $300. Missouri's universal program is administered by the Missouri Department of Elementary and Secondary Education. The state partially funds the program and additional funds may be accessed at the local level from other state, federal and private sources. The average annual cost per Missouri family actually served is $580 (based on all funding sources).

The average cost per family served in the Massachusetts Family Network during FY '96 was about $200, although this does not include in-kind contributions or additional grants. A more in-depth analysis of the cost to implement the program statewide for a birth to three population of roughly 332,000 needs to be conducted. The cost of a project like the Massachusetts Family Network must be weighed against an array of possible short- and long-term savings to local, state and federal governments in the area of welfare, health and social services, special and remedial education and adult education.

4. **Allow contributions or fees for some services**

The demonstration sites have up to this point provided all services free of charge to all the families they were able to work with. Some of the basic services (such as developmental screening, newborn home visits or for assistance with basic needs) should continue to be free. Having the option to collect fees from those who can afford them for some activities that are popular and attractive (such as some workshops or special events) would help expand the basic services of the project. No specific recommendation for how much might be charged for which activities is recommended here. This should at the discretion of local project staff. The Minnesota program has a system of fees for some services and several years of experience in administering their system. Staff of that program could be helpful in guiding programs in Massachusetts.

5. **Extend the Massachusetts Family Network through third grade.**

An amendment to Section 84 for FY 97 already calls for the demonstration project to extend up through early elementary age. This extension will allow the project to span all of the early childhood years (Birth - 8). Activities for families and children who are school age would be adapted to what is appropriate for that age group, but the guiding principles and the basic model would remain the same. Building on the suggestions found in the second recommendation, we suggest that the most effective way to expand the Network

in the number of communities and extension of the age range is to link directly with other child and family prevention initiatives already existing in many communities. These include Community Partnerships for children, Massachusetts School-Linked Services, Community Connections or any other model where parents, early care and education and school staff, and other agency staff and local leaders work together to better the lives of children and families. By building upon existing local infrastructures, the partnership of state and local coalitions could make better use of limited resources. An interagency group could develop consistent recommended structures and strategies to ensure collaboration and coordination among state initiatives at the state and local levels that would result in an accessible and effective system of supports for children of all ages and their families.

6. **Support ongoing evaluation and statewide networking.**

The pilot versions of the Quality Indicators (see Appendix C for a sample page) and the data collection instrument need revision. Collecting comparable data across diverse programs is difficult, but with further work, data that is comparable across sites and useful for long-term evaluation is possible. The Quality Indicators instrument was designed as a self assessment and has only been pilot tested by these ten demonstration sites. After initial use of the instrument, project staff in every site stated that it had been helpful to them in taking stock and in planning. There is interest in further developing the instrument to be used for technical assistance from state staff or with staff from mentor sites. With considerable flexibility built into the Family Network, the instrument also has considerable value in keeping all current and future Family Network sites within a commonly agreed-upon framework with high standards for the quality of individual components.

One of the advantages of conducting a participatory evaluation such as this one is that staff from all sites can exchange ideas and assist each other in problem solving. Project staff evaluated the "networking" that was a part of the several statewide meetings that were held as being very valuable for getting new ideas and as peer support for themselves. From the state coordinator's perspective, the series of statewide meetings forged a common mission and identity among diverse programs. For the Family Network to be truly be a network, meetings that pull staff together from all sites will continue to be needed.

7. **Pursue outside funding for a longitudinal study of outcomes.**

To be able to evaluate the long-term impact of the Family Network, much more systematic work must be done. Measuring long-term outcomes requires, for instance, sampling, pre- and post-testing, and tracking participants over a long period of time. Conducting longitudinal research is challenging and expensive, although designs can be simpler or more complex depending on resources and the kinds of outcomes that are sought.

The remainder of this report describes the Massachusetts Family Network demonstration project. The formative evaluation of the project by the staff at the demonstration sites and staff of Early Learning Services in the Department of Education led to the recommendations listed above.

WHY DO FAMILIES NEED SUPPORT?

Snow was falling when Robbie* waved goodbye to his new friend, his purple dinosaur mitten flapping enthusiastically until the car disappeared. It was a Tuesday in March and 2-year-old Robbie and his mother Susan had just returned from the pediatrician's office. Susan was relieved -- the doctor said that she'd caught Robbie's ear infection early this time. Back in the fall, Susan had had trouble getting Robbie to the doctor's office. The one-mile walk to the bus stop was too far for a sick child and she had few friends in the area who she could ask for a ride. With no transportation, Robbie's ear infections had gotten worse and worse.

But things were different this time. Her nutritionist at WIC had suggested that she call the Family Network and request a ride from the Family Taxi program. Not only was she able to keep the medical appointment, but they met Bonnie and her 2-year-old daughter Kisha. Robbie and Kisha immediately became great friends. When Bonnie told Susan stories about trying to get Kisha to bed, Susan realized how long it had been since she had laughed so much. She also got some new ideas to try in getting Robbie to bed.

For Bonnie the experience was a good one too. Just a year earlier, she had turned to the Family Network for help. She had used all of her money to leave an abusive relationship, but as a result, she couldn't keep up with the rent on her new apartment. Feeling alone and frightened that she and Kisha would be homeless, she called the Family Network. The Family Network helped her find a less expensive apartment and negotiate a payment plan with her former landlord. Now, getting back on her feet, Bonnie stayed connected with the Family Network, joining a support group and taking part in family events where she met other parents in similar situations.

When Bonnie got a new car, she saw a way to help out other families. As a Family Taxi volunteer, Bonnie is not just a driver, she's a supportive friend. She is beginning to look at herself not only as a parent, but also as a leader, a mentor and a resource to others.

* all names have been changed

(Source: Hampshire County Family Network)

Families are changing and there is a growing recognition of the importance of the very first years of life. A child's brain continues to grow quickly during the first year after birth, and the shaping of the neuronal connections in the brain that result from interactions with care givers and the environment begins at birth.

A variety of early stresses, weak attachment to care givers or lack of appropriate stimulation can have a negative and long lasting effect on children's development. A positive, healthy start in life provides a foundation for all areas of development and has a life-long impact. The qualities that characterize children who are "ready to learn," such as curiosity, ability to use language to communicate, self-confidence and trust in others, are grounded in children's experiences of their first few years of life (Carnegie Corporation, 1994). If healthy development is not fostered, the losses can rarely be regained, or only at high cost.

Some facts about the conditions that children face today are: one out of four infants lives in a family that earns less than the federal poverty level; one out of three victims of physical abuse is

under one year old (over 50 percent of the children who died of abuse and neglect in 1990 were less than one year old); more than half of the mothers of infants work outside the home and many infants and young children are in substandard child care (Carnegie Corporation, 1994; Cost, Quality & Outcomes, 1995). Other trends making life for young children fragmented and stressful are: the number of children who live in two-parent working families is growing; and as a result of divorce, more and more children experience poverty and life with a stressed, working parent.

The well-being of children cannot truly be separated from that of their parents. Parents are primary to their children's early cognitive development and socialization. Appropriate child-rearing practices and social support for parents are essential to ensuring a strong foundation for learning and success for children. However contrary to popular belief, good parenting does not necessarily come naturally. Parents need information, emotional support and resources. Successful parent education and family support help parents cope with young children's rapidly changing needs and abilities and help adults make the transition into the role of parent a successful one.

One of the difficulties of being a parent these days is isolation from a supportive network of friends and family. Isolation of parents has been associated with lower cognitive development and behavioral problems in children and increased child abuse and neglect (Weissbourd, 1996). Isolation can take many forms -- actual physical distance from others, enforced isolation from others by an abusive mate, isolation by life circumstances (homelessness, for instance). One way to dispel various kinds of isolation is to have the opportunity to associate with other people across a variety of "mini-communities" (family, religion, club, neighborhood) (Weissbourd, 1996).

What is family support?

The first family resource and support programs similar to those of today developed in the 1970's, although they have older roots. Several factors led to their growth, particularly research documenting the importance of the first three years of life to children's development; a emerging ecological approach to human development; and demographic and social changes. A new philosophy supporting families within the context of their communities evolved. With an emphasis on prevention this new approach took root -- borrowing from the past but refashioning traditional institutions and beliefs to be more responsive to the changing American family.

Family support or family resource programs vary in design and include a wide array of services. Providing support for families and building a supportive community are complex undertakings. As noted in the literature, the diverse nature of family support programs results in the lack of a uniform definition (Dunst, 1995; Weissbourd, 1994). However, while one definition may not adequately describe all family support programs and services, several characteristics are shared. Such programs are "...community-based services to promote the well-being of children and families, designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting ability, to afford children a stable and supportive family environment, and otherwise enhance child development"(U.S. Congress, 1993). Programs typically include some combination of parenting education, activities for young children and families, and links with literacy programs, adult education, health and social services.

Empowering families is at the heart of family support programs. Family support programs are not traditional human services programs. For one thing, families are not seen as dysfunctional. Family support programs do not operate from a deficit model, but try to build on the strengths of individual parents and families. Children and families are seen as members of a community who may need additional information and/or skills in order to develop. Other differences in the approach are that parents are included as an integral part of planning, program development and evaluation, parents are supported in taking leadership in the community and in advocating for children.

The national picture: funding and research

Family outreach and support programs are currently a patchwork, most having begun with private or state funding and not supported federally until recently (Bronfenbrener & Neville, 1994). The oldest and largest program is Minnesota's Early Childhood and Family Education Program, which was piloted in 1974. In 1984 the state legislature authorized funding through the Minnesota Department of Education for every school district to provide a variety of programs and services for families with children birth up to kindergarten age. Originally financed through grants, the program is now financed by a combination of a local tax levy and state aid (Koser, 1996).

Missouri also funds universal programs using the Parents as Teachers (PAT) model to serve all families regardless of income. State commitment is growing. A recent publication by the Family Resource Coalition (1996) highlights initiatives in eighteen states including Arkansas, Colorado, and Maryland. The largest federally-supported program, the Family Preservation and Support Services Program, provides approximately $900 million over five years (94-98) for family support and family preservation services. In addition, other federal monies dedicated to early family literacy and support fund Head Start, Early Head Start and Even Start.

In Massachusetts several sources help fund family support initiatives. The Massachusetts Family Network is funded as part of Education Reform. The Department of Social Services' Community Connections initiative is funded through the federal Family Preservation and Support Act. School-Linked Services, now operating from the Executive Office of Health and Human Services, is funded with state dollars and requires significant local matching funds. Early Intervention is a Department of Public Health-sponsored comprehensive program for children between birth and age three whose development is atypical or who are at risk of developing special needs. The program is funded through federal, state and local funds, Medicaid and private insurance. The Children's Trust Fund recently awarded grants for family support, including the funding of several Massachusetts Family Network sites to expand the age range of children receiving services. The Massachusetts Family Network is the only initiative for the birth-to-three population that is designed to be universal (available to all).

An analysis of family support programs internationally must consider the total picture of a country's early care and education system as well as family policies, such as family leave. Policies that benefit young children and families are taken for granted throughout much of Western Europe. By contrast with other industrial nations that have developed services responsive to

economic, social and family changes, the United States exhibits many shortcomings in its family support policies (Bronfenbrenner and Neville, 1994).

Family support services in Sweden, Great Britain, France, Denmark and Italy all rest on a strong foundation of universal child and maternal health care; monetary benefits to parents upon childbirth; paid parental leaves following childbirth (France -- 16 weeks, Denmark -- 28 weeks, Italy -- 5 months); and subsidized child care programs (Kamerman & Kahn, 1995). Generous parental leave policies and other surrounding benefits for families provide a background for family support programs.

In summary, although there is not sufficient longitudinal research to support the idea that family support programs alone yield predictable long-term positive outcomes for families and communities, the kinds of positive changes that are promoted through these programs, in combination with other high quality early childhood programs and supportive family leave and health policies, can pave the way to success for families, children and society.

WHAT IS THE MASSACHUSETTS FAMILY NETWORK MODEL?

The eagerly anticipated North Cambridge Newborn Home Visiting Project, a part of the Family Network, was launched on June 10, 1996, with a visit to an extended family welcoming two infants (cousins born three weeks apart) into their home. Much like the sequence of events that preceded the arrival of these beautiful babies, the Newborn Home Visiting Project was a result of a complex process that took time, attention and patience.

The idea for the Project originated with the members of two citywide committees dealing with policies affecting children. Receiving the MFN grant to start up the Center for Families of North Cambridge moved the idea along until 1995 when the Executive Director of the Kids' Council urged completion of the work on a universal model for newborn home visits. The group that took on the project was composed of the Cambridge Public Health Commission's Department of Public Health Nursing, Health of the City's Health Children's Task Force, the Cambridge Visiting Nurse Association, the Cambridge/Somerville Early Intervention Program, the Cambridge/Somerville/ Chelsea Immunization Action Project, and the Chief of Pediatrics at Cambridge Hospital.

Meeting weekly, the group progressed rapidly from sharing referral and eligibility criteria for each program to discussion of the larger issues that lay ahead, including streamlining referral and outreach efforts, establishing a linkage with Cambridge Public Schools' Home-Based Programs, developing a system of data collection, and maintaining confidentiality of families. Although the groups' goal was to serve all Cambridge families with newborns, members agreed to first pilot a model in North Cambridge. Consequently, the project became a pilot site for the state Department of Public Health's FirstLinks Project. The group continues to grapple with definitions of terms like "collaboration" and "coordination" along with fulfilling its mission of providing parent support and education through linkages to community resources that support and enhance family development.

As a result of the first home visits, one infant was hospitalized (for complications unrelated to the adoptive family's care of the baby). The mother of the second infant received medical treatment for mastitis. With a little support early on, both infants and parents are well on their way to becoming a healthier family.

(Source: Center for Families of North Cambridge)

Background

In January of 1994, the Early Learning Services unit in the Massachusetts Department of Education convened a diverse task force of parents and professionals from programs and higher education who work in the areas of family support and literacy, early intervention, parenting education and early childhood care and education. Over the course of five months, the group shared knowledge and investigated models in other states, particularly Missouri, Minnesota, Connecticut, Kentucky, Oregon, Vermont, Washington, Iowa and Arkansas. The group also reviewed already-developed parent outreach models, such as Parents as Teachers (PAT), the Home Instruction Program for Preschool Youngsters (HIPPY) model and Even Start. From this research, the model of the project was developed, drawing on the strengths of various models, and named the Massachusetts Family Network.

The group's vision that has guided the demonstration project is that within every community, the Massachusetts Family Network will:

- ensure a collaborative, comprehensive, high quality network of family services that is culturally sensitive, welcoming and accessible to all families with children birth through age three;
- emphasize prevention and build upon the strengths of families and the existing resources in the community;
- provide leadership opportunities for families and children; and
- provide opportunities to build community and interfamily relationships.

Three ideas embedded in this vision that are key to the emerging project were 1) flexibility, 2)collaboration and 3) a universal approach.

A model that is **flexible** and **collaborative** enables communities to pull existing services together and expand to "fill in the gaps" of the existing system and to avoid duplication of services. Flexibility is considered a key element because of the great variation in the services available and the diverse needs in different communities across the state. Collaboration encourages agencies and individuals to work together to develop a common mission and develop a coherent system of services within the community or area. The model that was developed consists of a common set of components that are adaptable to the unique character of each community.

Another idea guiding the project was that of taking a "**universal approach.**" The experiences of the task force members as well as research, led to a belief that all parents, particularly those with infants and toddlers, need some help and support. A universal approach acknowledges that the effects of isolation, stress, maternal depression and other factors that put children at risk are not restricted to those of limited education or low income. The need for information about child development and approaches to parenting and to develop friendships with other parents with young children are common to all parents regardless of their economic class, race or level of education.

A universal approach draws on the resources and strengths of diverse families and creates reciprocity, richness and investment (emotional and, sometimes, financial) in the project. There will always be parents and children who are at risk; special strategies for outreach must be devised. But for at risk families as for all families, some of the best and most effective support is provided parent-to-parent.

A Request for Proposals released in May of 1994 required the following components:

- Family and child development services, including home visits, guidance in child development and health and developmental screening
- Adult education services, including adult education and family literacy
- Family support and leadership, including family activities, support groups, leadership opportunities and advocacy

- Administrative services, including a community advisory council, outreach, child care and transportation (for events, groups), assistance with basic needs and transitions

According to the enabling legislation, outreach was to focus on families educationally at risk, but should also try to involve as many families in the community as possible. Commitment to take part in a statewide evaluation of the project model was also required.

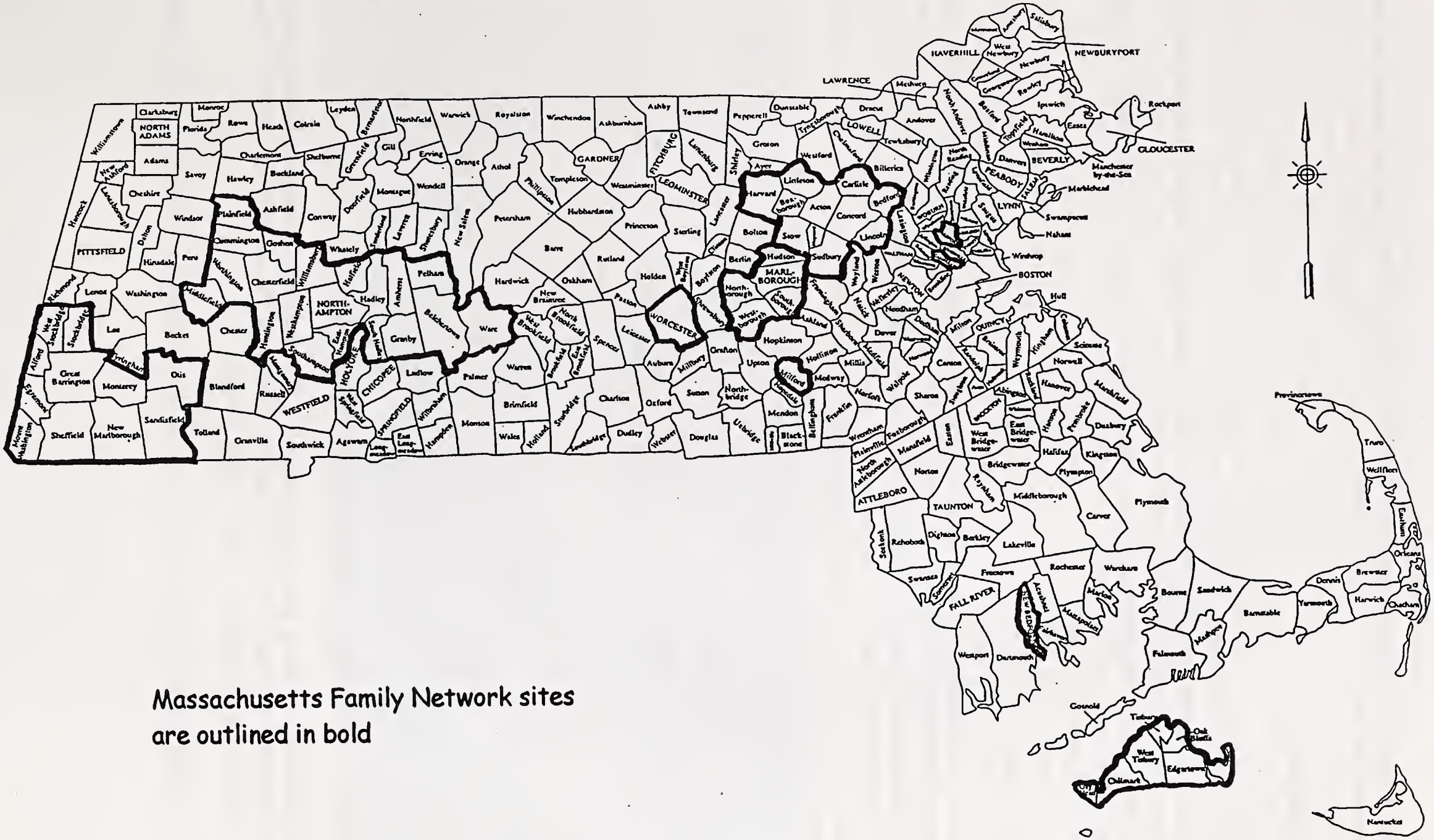
Models were to be developed in urban, suburban and rural communities and represent different parts of the state. Selection among the fifty proposals received depended not only on assembling a variety of different models, but also on selecting areas that had considerable experience, collaboration and related programs in place. The latter criterion was based on the need to develop high-quality programs in a short period of time. Through a competitive process, ten demonstration sites were selected that included fifty-eight cities and towns. The sites selected along with their project names are:

- Assabet Valley: *Assabet Valley Area Family Network*
- Cambridge: *Center for Families of North Cambridge*
- Concord area: *First Connections*
- Great Barrington region: *Southern Berkshire County Family Network*
- Hampshire County: *Hampshire County Family Network*
- Martha's Vineyard: *The Family Network*
- Medford: *Medford Family Resource Coalition Network*
- Milford: *The Family Network Project*
- New Bedford: *New Bedford Family Network*
- Worcester: *Family Ties*

A map of the cities and towns participating in the Family Network is on the next page. Descriptions of the individual programs are included in Appendix D.

Program Overview

There is a range in the number and type of community agencies involved in each site that collaborate to provide services, resources and expertise as part of the Massachusetts Family Network. Between 25 and 136 agencies collaborate in any given site. Projects typically involve Early Intervention programs, child care, Head Start, family services, mental health, housing, health services and clinics, public schools, child care resource and referral agencies, public libraries and recreation programs. Additional collaborators in different sites are: cultural assistance organizations (Hispanic and Southeast Asian), the Wampanoag Tribal Council, the YWCA, the Chamber of Commerce, the Newcomers' Club, drug and alcohol treatment programs, various hospital programs, a probation office, a police department, a local court, a tenants association, a domestic violence/battered women's program, a museum, elder services, individual doctors and psychologists, churches of several denominations, pregnancy and childbirth programs, La Leche League, food pantries, universities and community colleges, community centers, local radio stations and newspapers.


NORTH ADAMS
PITTSFIELD
NORTH-AMPTON
HOLYOKE
CHICOPEE
SPRINGFIELD
WESTFIELD
WORCESTER
LEOMINSTER
FITCHBURG
GARDNER
MARL-BOROUGH
LOWELL
LAWRENCE
HAVERHILL
NEWBURYPORT
BEVERLY
PEABODY
SALEM
LYNN
BOSTON
ATTLEBORO
TAUNTON
FALL RIVER
NEW BEDFORD
Provincetown
Truro
Wellfleet
Eastham
Orleans
Brewster
Dennis
Harwich
Chatham
Barnstable
Yarmouth
Sandwich
Bourne
Falmouth
Mashpee
Wareham
Rochester
Marion
Mattapoisett
Fairhaven
Acushnet
Freetown
Lakeville
Berkley
Dighton
Rehoboth
Seekonk
Somerset
Swansea
Westport
Dartmouth
Carver
Plymouth
Middleborough
Norton
Raynham
Easton
Mansfield
Plainville
North Attleborough
Foxborough
Wrentham
Franklin
Bellingham
Millis
Medway
Norfolk
Walpole
Sharon
Stoughton
Canton
Milton
Randolph
Braintree
Weymouth
Hingham
Cohasset
Scituate
Norwell
Hanover
Marshfield
Pembroke
Duxbury
Kingston
Halifax
Plympton
Hanson
Abington
Rockland
Hingham
Hull
Quincy
Dedham
Needham
Wellesley
Newton
Weston
Wayland
Natick
Framingham
Sudbury
Hudson
Berlin
Bolton
Stow
Boxborough
Harvard
Lancaster
Sterling
Clinton
West Boylston
Boylston
Holden
Rutland
Princeton
Westminster
Templeton
Winchendon
Ashburnham
Ashby
Townsend
Pepperell
Dunstable
Tyngsborough
Groton
Shirley
Ayer
Littleton
Carlisle
Billerica
Chelmsford
Tewksbury
Andover
North Andover
Boxford
Topsfield
Hamilton
Wenham
Essex
Ipswich
Rockport
Gloucester
Manchester-by-the-Sea
Marblehead
Swampscott
Nahant
Winthrop
Revere
Saugus
Malden
Melrose
Wakefield
Reading
North Reading
Wilmington
Woburn
Lexington
Belmont
Arlington
Medford
Somerville
Cambridge
Watertown
Newton
Brookline
Dedham
Westwood
Norwood

As the project developed, site leaders generated the following list of intended outcomes that shape project activities:

Community Outcomes:

- construction of a broad-based network of comprehensive services that support families of young children, building on existing resources
- increased collaboration among agencies within the community to improve coordination and accessibility of services
- Linking a broad range of programs and services, using a range of approaches for working with families
- less duplication of services

Family Outcomes:

- increased knowledge of child development and of healthy parenting practices and improved parent/child interactions
- increased access to health, education and other support services
- increase in formal and informal support systems
- full utilization of existing programs, such as WIC, that promote basic health and nutrition
- increase in parents' abilities to cope with stress
- reduction in isolation and stress
- reduction in child abuse and neglect
- reduction in domestic violence
- reduction of rates of illiteracy
- increased rates of immunization
- increased involvement and leadership in schools and other community events or organizations

Funding

The ten participating sites have been funded at approximately $150,000 per site per year, except for Assabet Valley and Martha's Vineyard, each of which received about $75,000 per year (for a total of $1.4 million). However, the scope of the services differed greatly. In Cambridge, most services were provided comprehensively to an area of the city, while the Great Barrington project covered eleven communities and was able to provide services more universally because of the smaller population. The average cost per family served statewide was about $200 (not counting any additional funds through other grants or in-kind contributions).

The project has been funded by the early childhood line item (#7030-1000) in the state budget. Funding for the demonstration sites was $1.4 million for FY '95, '96 and '97. In FY '97 additional funds were allocated and eight new sites are being funded.

In terms of the adequacy of current funding, most project coordinators reported that the number

of full- and part-time volunteers and part-time paid staff are adequate, but estimated that the number of full-time paid staff needed to increase by about 33 percent to implement all of the components more comprehensively or to more families in their area. Whenever possible, paid staff (full and part time) should receive, at a minimum, health care coverage as an employment benefit. This practice reflects the mission of the Massachusetts Family Network to support the well-being of families. In addition, this practice would promote sound family and labor policy.

Expenditures for various types of services differed widely among sites. This reflects in some cases different approaches to implementing the same component -- for example, home visits were relatively expensive in some sites, but were inexpensive in the Great Barrington project because it has trained fifty parent volunteers. Other differences reflect variations in emphasis. For instance, printing costs are much higher in sites that have found newsletters and other printed materials to be effective in their area. A greater emphasis on one component over another may reflect different philosophical approaches among sites and/or it may be the result of populations with needs that require different levels of intervention. At this point, it does not seem warranted to promote or discourage some components of the model simply based on cost. Questions such as the relative value or cost effectiveness of various components should continue to be raised, discussed and analyzed. A model that provides a diverse and comprehensive array of services is the most flexible in addressing the needs of individual communities or areas and, thereby the most responsive to individual families.

The collaboration that develops through the Family Network project can yield positive benefits for children and the community beyond achieving those intended to accrue from the core group of services, often at minimal cost. An example can be seen in Milford:

Many people who must appear in court have to bring their children with them. In the past, young children had nothing to occupy them for long periods of time and were often crying or fighting because their parents were upset and preoccupied. A Court social worker took the initiative to have inmates in a state correctional facility build a toy box and then she solicited used toys. Unfortunately, many of the toys were old or inappropriate and the toy box wasn't used very much. The social worker attended an Advisory Council meeting and the Council decided to fill the box with new, appropriate toys for young children. The Council enlisted the assistance of local toy stores and toys, such as dolls, blocks and books in English and Spanish, were chosen. The toys are rotated by Court staff. Now, instead of crying or fighting, young children can be seen playing quietly or being read to by their parents. With the support of the Court staff and judge, local business and the Family Network, the experience of being in the Court is less frightening and exhausting for both children and parents.

(Source: Milford Family Network)

DOES THE MASSACHUSETTS FAMILY NETWORK "WORK"?

The Family Network "works" for families. The following story illustrates how:

Wanda* was a 20-year-old mother of 8-month-old Karla when she came to the Assabet Valley Area Family Network. Having just arrived from Puerto Rico as a divorced, single parent without a high school diploma who could speak little English, she rented a shoddy, two-room apartment for $650 a month. Wanda did not complain to the landlord because she was afraid of repercussions that might lead to her and the baby ending up homeless. Her lack of English increased her fear because she didn't understand how to ask for help.

The Family Network provided Wanda with a bilingual family educator who visited the home on a weekly basis and helped with translation. Wanda learned about her rights as a tenant along with child development information and screening for her child. After enrolling and graduating from the ESL and GED programs that collaborate with the Family Network, Wanda was hired to work in a factory and she has become self-supporting.

Recently Wanda discovered sewage leaking from the apartment above Karla's bedroom, With her improved English skills and new confidence, she decided to document the condition of her apartment. She borrowed a video camera, taped a tour of her apartment and then presented the tape with her complaint to the Department of Sanitation. The Department of Sanitation inspected the apartment and ordered the landlord to repair the leak, install a new bathtub and new ceiling tiles.

Wanda's efforts in furthering her education and her ability to advocate for herself and her child are ample evidence that she has learned that she need not be a victim of her circumstances, that she can change her life and improve her living conditions. She has high aspirations for herself and her child, with plans to attend college to prepare for a career in journalism and to buy a home.

* All names have been changed.

(Source: Assabet Valley Area Family Network)

Methods

This report describes the model as it is presently being implemented. Results and recommendations presented in this report are based on an evaluation of the model during the last five months of FY 96. This evaluation was designed to gather data on the services and populations served by these programs; and contribute to further program development and refinement of a flexible and responsive model that could work across the state.

The group involved in the statewide evaluation and program development effort consisted of project staff from each site, project coordinators from the Early Learning Services, and three representatives of the task force that developed the project. The group developed two evaluation instruments:

- a data gathering instrument to collect information on the types of services provided, the intensity of those services and how many families and children participated.

- a pilot version of a self-assessment instrument, called the "Quality Indicators" to collect qualitative information.

The Quality Indicators provide ongoing qualitative information about a program and outlines in detail the standards for an MFN program. These indicators were based on research in best practices and quality in various program areas (i.e., home visits, adult education) and on existing evaluation instruments from universities and other state programs. A sample portion of the instrument is included as Appendix C.

The focus of the formative evaluation was on gathering descriptive data and developing common measures to gather the information provided here and that might support a longitudinal outcome study in the future. There is considerable interest in the group in studying the effects of various aspects of MFN programs on parents, children and communities. However, gathering and analyzing data appropriate to such an effort requires many years and greater resources than are currently available. Evaluative methods -- developing and using the data instrument and the Quality Indicators -- were used to define a model with some uniform characteristics as well as a flexible structure. These form the basis of an ongoing evaluation system to be further refined in the coming year.

Evaluation of family support and education initiatives are complex because of the diverse and individualized services offered. In this case, all sites implemented the same components, but at different rates. The task of evaluation was also complicated because the project makes extensive use of existing services and resources. The collaboration of providers, parents and community members creates a workable project that has a good "fit" with a community and fills in gaps in existing services. It also creates circumstances where services may not be provided in the same way at the close of data collection as was originally intended when pre-test data would have been gathered. Thus, the nature of developing a comprehensive and collaborative model makes it unlikely that gathering outcome-type data would have been useful in the initial phase of program development.

Results

Information is presented in several clusters that represent the major goals of the legislation establishing the project: 1) general descriptive data; 2) outreach to at-risk families; 3)child and family services; 4)adult education, family literacy, leadership and advocacy; 5)collaboration; and 6)ongoing evaluation.

Data presented from these two instruments were collected between February 1, 1996 and June 30, 1996. Both instruments will be revised to meet the needs of existing and new sites. (New sites are being selected for FY '97 with an additional $1 million allocated in the state budget for the project.)

Descriptive Data

Site	Population	Median income
Assabet Valley Area	81,736	$57,351
Cambridge N. Cambridge*	95,800 11,678	$39,990 $37,236
Concord Area	108,000	$67,222
Great Barrington area	18,600	$38,000
Hampshire County	146,568	$41,437
Martha's Vineyard	11,639	$41,369
Medford	57,407	$38,859
Milford	25,810	$38,180
New Bedford	99,922	$28,373
Worcester	169,000	$36,261

* The Cambridge project focused on North Cambridge.

The following information on the number of children and families involved is based on the five month period between February 1 and June 30, 1996 only. The number of families (6754) and children birth to three (7445) reported to have participated in the program ranged from 100 families/120 children in New Bedford to 1500 families/2000 children in the Concord area.

The difference in number of families served represents different approaches -- from serving families in a limited area of a large city (North Cambridge), counting only families who received PAT training (New Bedford) to serving a large area and a large number of families in a less intensive way, such as extensive telephone consultation and resource and referral (Concord). This difference also reflects a lack of clarity in the data collection instrument about which activities to count. The diversity of activities varying in their level of intensity (i.e., one family receiving multiple home visits while others only attending large family events) makes deciding who to count difficult. People who were on newsletter mailing lists and did not participate in any other way were not counted.

Statewide, over 2000 children aged four and over were involved. These older children were typically siblings of the younger children who were the target age group for services. In addition, about 875 expectant parents participated in parenting classes and other activities that were to prepare them for their parenting role. Several projects collaborated with hospital birthing programs, La Leche League and/or other childbirth preparation programs.

Outreach to at-risk families

There are several circumstances or characteristics that typically put families at risk -- poverty, low educational levels, early pregnancy and substance abuse to name a few. Project staff felt strongly that the nature of having an infant or toddler in today's society puts most families at risk at some point due to isolation from other parents and from extended family, maternal depression and the occurance of life crises on top of the new responsibilities and roles of parenting. At the same time, project staff recognized that the neediest families usually require the most intensive assistance.

Sites used a variety of methods for reaching at-risk families: disseminating promotional materials; visiting various agencies to disseminate information; setting up tables at community centers, fairs, etc.; using cable and radio messages and newspaper articles; spreading information by word of mouth; developing a logo for program recognition; speaking at PTO's, child care centers, religious organizations, etc.; using a community leader or program participant speak for program at various meetings and events; making personal contact through volunteers or through attendance at activities; employing bilingual staff or using bilingual/bicultural outreach workers from other programs; and sponsoring community information meetings.

The estimated amount of time committed to outreach and services to at-risk families ranged from 25 to 80 percent of staff time. Particularly for parents who were low income or unemployed, assistance with "basic needs" was provided. These services in all sites included legal services, medical assistance, mental health services or counseling, housing assistance, fuel/utility assistance, emergency food assistance, diapers, clothing and support in accessing welfare, if necessary. Other assistance that was given at some sites was: help in finding employment or child care; help in accessing services for children or parents with special needs; crisis intervention and referrals for drug and alcohol treatment. A majority of basic needs assistance was handled by referral to collaborating agencies and programs, but some assistance was provided directly by program staff in all sites.

MFN projects also provide assistance with transitions that may put families temporarily at risk because what happens during these times of transition can have a long-term impact on a child or family. Some common child-related transitions during which families often need help are when a first child is born, the transition of a child from home to an early care and education program or from an Early Intervention program to another program at age three. Other family transitions that were frequently addressed were: divorce/separation and child custody; domestic/child abuse; incarceration; death or serious illness of a family member; moving/relocation; unemployment; immigration, helping women make the transition back to work after being at home with children and homelessness. Sites reported assisting a total of 54 homeless families with the Hampshire County project providing assistance to the largest number of homeless families (21).

Making personal contact with parents who are typically hard-to-reach can make a great difference in individual lives. For instance:

When a Southern Berkshire Family Support Network staff member, Gail* met Alicia*, a single mother, Alicia was so withdrawn that she was not even able to make eye contact and spoke only in monosyllables. She cried because she needed to continue her own education so that she could get a job but she did not have child care for her 2-year-old son. In fact, she was deeply distrustful of leaving her child in a child care center and was unable to do so. Gail found a volunteer with whom Alicia felt comfortable to spend time with the child. This enabled Alicia to study with a tutor. Alicia progressed quickly with her education, passed her GED exam and started attending some family activities. She began to speak in sentences and make eye contact with people. Her son also developed trust in the volunteer. He looked forward to special activities with the volunteer and quickly progressed in speaking. Sensitive intervention by the MFN staff helped Alicia gain the education and confidence she needed to a apply to a local community college program. She was accepted and took the first step toward fulfilling her dream of becoming a teacher.

* not their real names

(Source: Southern Berkshire Family Support Network)

Child and Family Services

Two main clusters of activities focused on promoting healthy child development and on supporting parents in developing their skill and confidence as parents. Activities or components that were more child focused were home visits, developmental and health screening and play groups. Support and growth of adults in their role as parents occurred through providing guidance in child development, support groups, family activities, newsletters and other print and broadcast media.

Different sites have developed unique projects that address child and family development in their area: The Hampshire County project developed a car safety program that loaned (12) or donated (35) car seats to new families who could not afford them. Milford has been particularly involved in an anti-violence campaign in collaboration with the local police department -- assisting parents and children involved in domestic violence and by contributing to efforts to reduce this behavior.

Home visits were provided to about 435 families. A large majority of families received between one and five home visits during the five month data-collection period, although the Hampshire County project provided over ten visits per family. The nature and purpose of the home visits varied across sites. Some of the things accomplished during the visits were: modeling appropriate parent and child interactions and activities; answering parents' question and discussing concerns; providing child development information and resources; conducting developmental and health screening or referral to Early Intervention Programs for more intensive evaluation; providing emotional support and problem-solving around a range of possible interests and concerns; inviting parents to become involved in play groups and other activities; and making crisis intervention and referrals to other agencies. One site occasionally conducts "home visits" at their office when a parent does not want someone coming into his or her home.

Home visits were conducted most frequently in rural areas because of parents' lack of transportation or because the distance to be traveled with an infant or toddler to a central location is a difficulty in itself. Home visits also became a focus in an urban area -- Cambridge. The Cambridge project is attempting to reach its initial goal of offering at least one home visit to every family with a newborn baby in the city (provided the parent welcomes the visit). The newborn home visits in Cambridge serve a narrower purpose than home visits in some other locations, specifically focusing on the well-being and needs of parents and their newborns within the first two weeks after a birth.

Health and developmental screening of infants and toddlers were conducted, typically during home visits. Screening is essential to identifying children who can benefit from early intervention services at an age when such services can have a powerful effect. Screening and home visits can also identify health or developmental problems among children who are uninsured and who may not be taken to the pediatrician on a regular basis. Health and developmental screening programs were most extensively carried out in Martha's Vineyard (550 children screened), whose plan also included an aggressive immunization campaign, and in Milford (352 children screened).

Guidance in child development: A variety of media and methods provided child development information to parents. The most common methods were: responding to individual questions from parents via telephone; reserving portions of newsletters for information on different relevant topics; distributing information at family fairs and other events; and giving verbal and written information during home visits. Sites also used parent workshops and seminars to provide parenting information. Other methods used less frequently were columns in local newspapers and regular appearances on cable TV programs.

Play groups are important to both parents and children. They provide adults with an informal time to talk, socialize, and get ideas from other parents about solving problems they are having with their own children. Particularly for parents who are isolated because of geography, mobility or for other reasons, play groups can be a "life line." Play groups are not only for at-home parents. The demand for play groups in the MFN sites was strong among working parents, who can feel as isolated from other parents as people who are separated by geographic distance. As babies become active toddlers, they start to have more interest in other children and take the first steps in becoming adept as social beings. Play groups for young children help support the development of social and emotional interactions.

Family support was provided through family activities and support groups as well as through personal and telephone consultation. Some family activities included: family fairs and fund-raising projects organized by parents, sponsorship of theatrical performances, a family computer literacy class, an eight-week family activity hour, Grandma's Attic (a clothing and toy exchange), field trips, stress-reduction activities for fathers, multiple-birth family luncheon, Swim and Gym day, a picnic sponsored by a fathers' group, Safety Saturday, Fun Day, family dinners, puppet shows, storytelling, orchestra performances for families, a Teddy Bears' Picnic, father and child activity days, and a Museum Pass Program. Worcester holds a Family Fun Day once a year, planned by parents, that features entertainment, games and a picnic. The last one attracted 700 people.

Support groups focused on:

- general parenting education;
- specific populations, such as single mothers, bilingual teen parents, Spanish-speaking parents, Haitian parents, and parents of children with special needs;
- different phases of parenting or ages of children, such as parents of toddlers, first-time moms or parents, second-time moms, fathers, parents of twins and triplets, adoptive parents; "mature" parents; grandparents; and
- other topics of interest, such as a parent volunteer supervision group, a men's group, a job search group

The Southern Berkshire Family Support Network became aware of the need to support fathers in their role as parents. They hired a coordinator, a father himself who had participated in several of the parent-child play groups and other Network activities. He trained several male parent-to-parent volunteers and now matches the volunteers with fathers requesting information or assistance. He coordinates monthly father-child activities and also runs a once-a-month relaxation workshop for fathers (without children present). After the first year of the program, the Advisory Board decided that the program should continue to be supported. During the year, 14 fathers were assisted in finding employment; 15 men were referred to additional services or organizations; 25 fathers participated in groups and other activities sponsored by the Network; and 10 were assisted in finding child care. Among them, the men had 52 children.

Adult Education, Family Literacy, Leadership and Advocacy

Providing adults with opportunities to continue their own education was another component of the program. These opportunities were provided through adult education, family literacy activities and through supporting parents in taking leadership and advocating for their children.

Adult education was provided through classes in English as a Second Language (ESL) (375 participants), adult basic education (145 participants) and GED programs (238 participants) either directly or through referrals to collaborating programs. Other related adult education services included career preparation and job training classes, driver education and computer classes. The Family Ties in Worcester has doubled the number of GED classes offered in the last year. The classes are offered in English and Spanish.

The most common achievements by those involved in the adult education component were: obtaining an adult high school diploma or GED credential; moving from a GED program into college; securing a new job; advocating for their children's education; and reading to their children for the first time. Other achievements were registering to vote for the first time; receiving job promotions; obtaining a library card for the first time; attending PTO meetings for the first time; obtaining a driver's license; getting off public assistance; and enrolling in ESL classes.

Most sites used play groups, story hours, and seminars or workshops to promote family literacy. Some sites made extensive use of brochures (Milford), newsletter articles (Concord) and home literacy kits (Hampshire County). Family literacy programs encourage parents to read and share

stories with their children and provide good books in order to establish the habit while children are very young.

The development of leadership abilities in parents is another task of each project. Some leadership activities that parents have taken on include: organizing a drop-in play group; organizing a clothing and toy exchange; organizing support groups; assisting at special events and running play groups; participating on the MFN council, advisory councils and task forces for other local projects; and participating in training to become group leaders. Babysitting exchanges and coops were organized in several sites. Babysitting coops are initially facilitated by the Family Network project, but then become independently run by parents.

The Medford Family Network has a "Master Teacher Program" which included training to parents in grant writing. Parents put this training to good use -- Medford was awarded a Children's Trust Fund grant to expand the project. The Medford project helps parents learn how to share their knowledge effectively with others and uses them as consultants. For example, one parent particularly skilled in making the most of modest resources was assisted in developing a "frugality workshop" and now also publishes an independent newsletter. A former teen mother was coached in becoming a facilitator of a teen parent group.

In Cambridge, a parent steering committee took leadership in designing the process and agenda for the grand opening of the new indoor play space. The program committee developed the philosophy and program plan for the drop-in play space that is open to the whole community. Parents raised support for the play space through presentations, door-to-door delivery of flyers and participation in a community meeting to review the plan.

Advocacy: Along with leadership, families are also supported and encouraged to be advocates for their children's education and for children as a group. Parents in Lincoln secured space in the town library and town hall for seminars and play groups; parents in Boxborough and Stow organized support for creating a playground for young children. (Lincoln, Boxborough and Stow are part of the Concord area program.) An initiative in Medford linked grandparents with legislators to advocate for children's programs. Parents at several sites participated in special events, such as the Stand for Children Rally in Washington, D.C., Family Literacy Day and Community Reading Day. Some sites conducted letter writing campaigns to advocate for children, participated in Department of Public Health focus groups for a statewide "Baby Book," and produced the local project newsletter (the largest mailing list including 4000 families).

Collaboration

A story from Martha's Vineyard illustrates how collaboration can make the most out of local resources:

For the past twenty years, many have recognized and discussed the need for free immunization of children on the island. Efforts to establish free clinics met with resistance from some members of the medical community: some did not think there was a need, some were concerned about losing patients, and some feared it might further fragment health care. In addition, it was pointed out that there was no apparent funding source.

The Family Network staff took the need seriously and committed themselves to pulling people together. In 1995, a local physician agreed to support efforts to establish free clinics. At the Department of Public Health Round Table a month later, early care providers, school nurses, V.A. and the Family Network staff reviewed guidelines and established a procedure for running the clinics. It was discovered that the Rotary International had a commitment to funding immunization clinics. The Head Start Health Coordinator contacted the local Rotary Club and secured funding for seven clinics on a trial basis.

The Family Network staff provided administrative services, such as preregistration and follow up, coordinated publicity and provided free transportation and temporary child care to allow as many families as possible to attend. The result: 132 children were immunized in 7 clinics. The clinics became so popular that the last one was fully registered without any publicity. The physicians who had once been resistant became strong supporters of the effort when they found that attendance at the clinics seemed to influence families to follow through and seek additional needed health care. The cost for additional medical care was defrayed through the Children's Medical Security Plan for those who were uninsured.

In May, Head Start and the Family Network reported to the Rotary Club and its members agreed to fund 12 clinics during FY 97. As the benefits of the clinic were now evident, the business community has provided generous additional support for the clinics. Through the combined resources and efforts of the business and medical communities, Head Start and the Family Network, a seemingly insurmountable problem has been transformed into a valuable community service.

(Source: Martha's Vineyard Family Network)

Data was gathered to gauge the benefits of the collaboration that resulted from participation in an MFN project. Some activities that grew out of the collaboration are charted on the following page.

- In all sites, agencies collaborated on proposals for additional funding. Eight of the sites received the funding sought such as: Goals 2000 Parent Assistance Grant, Children's Trust Fund Family Support Grants (4 sites), Governor's Highway Safety funds, Firstlinks Project (DPH screening and monitoring program), a Council on Aging grant and Even Start.
- Seven sites collaborated on projects or programs besides MFN, such as Community Connections (the DSS family support program); the FirstLinks Project (DPH screening and monitoring program) Community Partnerships for Children (state preschool program funded through DOE), School-Linked Services (EOHHS), Community Health Network Area programs, local literacy and anti-violence programs, the Vineyard Affordable Child Care Project, Good Start (Massachusetts Society for the Prevention of Cruelty to Children) and local adolescent and youth programs.

Results/Benefits of MFN Collaboration

	Assabet	Cambridge	Concord	Great Barrington	Hampshire County	Martha's Vineyard	Medford	Milford	New Bedford	Worcester
Cut back on services that were being duplicated in another agency.	C	IP	C	IP	IP	C	C	IP	IP	
Shared material resources among agencies.	C	C	C	C*	C*	C*		C	C	C*
Shared training and other human resource development resources among agencies.		C	C	C*	C*	C*	C	IP	C	C*
Shared outreach procedures with other agencies.	C	C	C	C	C	C	C	C	C	C
Shared intake procedures with other agencies.		C		C		IP		IP	IP	C
Collaborated with other agencies in developing proposals for additional funding	C	C	C	C	C	C	C	C	C	C
Collaborated with other agencies on projects/programs in addition to the MFN project.	IP	C	C	IP	C	C	C	C	C	C
Fully and/or partially funded MFN staff from other sources beside the State MFN grant.		C	C	C		C		C	C	

Key:

C	completed/exists
C*	completed/existed prior to MFN
IP	in process

- Seven full-time and ten part-time staff for MFN were fully or partially funded from other sources beside the MFN grant out of seventy-five full- and part-time staff that were fully or partially funded through the grant).

Program Improvements Based on Evaluation

All sites participated in developing evaluation instruments to document and improve their individual projects and the model as a whole. Among the changes that came about as the result of either the state level or individual evaluations were:

- New Bedford developed a centralized data management and collection system, formalized policies and adjusted workshop offerings to make them accessible to more people.
- Worcester expanded its adult education services, the home visiting model was extended to all adult education students in order to connect them with other MFN services, and more effective outreach methods were identified.
- In Milford, ongoing evaluation has led to offering more job-related and computer training.
- In Martha's Vineyard, evaluation information resulted in more play groups (from 1/month to 5/week), change of topics for parenting classes and changes in the times of day for services and activities.

To date, the statewide evaluation has focused on defining the model and determining how all sites are implementing that model. The next steps are to get more in-depth information on how families experience and perceive the model and to develop a strategy for a longitudinal evaluation.

CONCLUSION: IS THIS THE MODEL FOR MASSACHUSETTS?

I hope when you review this program you understand just what a wonderful chance you are giving children. If we invest in our children from the start there will be less of an investment needed in their futures. The First Connections program does answer the need that every parent has to help make those beginning years as successful as possible. I urge you to not only continue the program but to expand it throughout the state.

-- a parent in Concord

What do we know now?

The Massachusetts Family Network is built on three key elements: flexibility, collaboration and the universal approach. In recommending a model for parent outreach appropriate for the cities and towns of Massachusetts, these elements should continue as essential guiding principles. The MFN model described here works differently in each community. Communities have the flexibility to develop a program suited to their unique characteristics within a basic model of required services. Collaboration allows community agencies, businesses and individuals to build on each others' resources and go beyond providing the services required by the project. The universal approach brings people together and generates broad support for families and for the project.

Flexibility: Each demonstration site has its own flavor. Variations grow out of what resources existed before the project, demographic and geographic differences, and the local "culture."

Urban areas typically have many existing agencies, services and businesses, although these may be inadequate to the need, and the culturally and economically diverse populations. Isolation in the city may not be obvious to the casual observer, but nevertheless exists. Families in urban areas may require more intensive services because of the concentration and number of people in poverty. Families may have difficulties finding their way through the system because services can be fragmented due to the overlapping service areas of different agencies or because the decentralization of some services is confusing.

Rural areas must deal with large distances, physically isolated people, few accessible services, a more homogeneous and less mobile population. There are significant levels of poverty, but poverty is not as visible to an outsider as it is in the city. Both isolation and poverty must be addressed in a way that works for rural families -- more home visits, more provision of transportation and more activities that bring people together.

Suburban communities may be affluent economically and appear idyllic on the surface. In fact, not all residents are affluent and services may be nearly non-existent due to a lower volume of need. Isolation is often a problem, with a large portion of the population spending most of its waking hours working outside the community. There may be few activities available that bring families together. In such communities, services were broader, less intensive and focused more on

networking of parents to reduce isolation, depression and lack of knowledge about parenting and child development.

The Family Network model is flexible enough to adapt itself to the needs and resources of these different situations. In New Bedford, Worcester and Cambridge, more intensive work was done with very needy families. Rural areas, Great Barrington and Hampshire County, used itinerant staff, home visits and activities designed to draw people together to address their circumstances. For example, the volunteer-run Family Taxi service in Hampshire County is a creative solution to the transportation problems in a rural area.

In suburban areas, such as Concord and Assabet Valley, greater attention was focused on linking families and creating self-sustaining networks to address isolation. There was relatively greater concentration on family events, support groups and play groups, information and referral and telephone consultation than on adult education and basic needs. More people could be reached and more information disseminated through print media because of higher educational and literacy levels. Although there was less time and money committed to assistance with basic needs and adult education in the more affluent areas, parenting education offerings (such as seminars and support groups) and play groups were very well attended and, once started, quickly generated enthusiastic parent involvement and additional activities.

Another advantage of adopting a flexible model is that communities are able to adopt or incorporate good existing models as a portion of their own program. Two sites used the Parents as Teachers (PAT) model. Several sites are interested in training called Touchpoints, a curriculum developed by Dr. T. Berry Brazelton and his colleagues to help parenting education providers to help parents recognize and respond to key points in their children's development. Another model that is of interest is MELD, which started in 1973 in Minnesota. The project trains in a set of several interrelated programs for family education and support that can be replicated in other sites.

Collaboration: The structure of MFN as a collaborative project was successful. There was extensive use of referrals to a wide variety of services and the development of additional activities and services to "fill in the gaps" or to improve existing programs. Two signs of the effectiveness of collaboration were that it created improvements for families that were not originally planned as part of the project (e.g., the immunization clinics in Martha's Vineyard) and the project improved communities' abilities to access additional resources (i.e., Children's Trust Fund grants, private donations). Families benefitted by having less fragmented and more comprehensive services available. Also, many parents benefitted from being collaborators themselves, being on councils and facilitating and acquiring additional resources for the project.

Universal Approach: The general perspective that all families are welcome creates energy, spreads the word and the work around and draws on the strengths and resources of all families, although projects were not always able to provide as much as desired on a universal basis. In turn, this approach builds broader support. The universal approach does not require that all services and activities be free-of-charge, but that they be accessible (physically and economically) to all.

The value that parents put on this universal approach is expressed by a parent who participates in an MFN project in the Concord area (First Connections):

> These programs have been invaluable to me as a first-time parent. Like many parents in the '90's, my husband and I have no local family support. We both work in order to keep our family going, and each day raises new questions. First Connections has filled a gap for us in many ways. The parenting seminars provide much sought-after information, with connections to real people who have had real experiences. This is much more supportive than reading a parenting book!
>
> ... And this is just the beginning. Through our local parents' council, we have had the opportunity to meet other parents and to begin creating a supportive parenting community that has been lacking in our town. Rather than dreading the coming of the winter and my child's "cabin fever," I look forward to the opening of Acton's first drop-in play center -- a place where my child and I can socialize with other families and learn new skills. Our parents' council is also setting up a babysitting cooperative and town-wide family events, all because we have the support -- emotional, financial and organizational -- of First Connections. Their presence makes the obstacles seem surmountable.

REFERENCES

Barnes, HV, Goodson, B.D., & Layzer, J. (1995). *Review of research on supportive interventions for children and families*. Cambridge: Abt Associates.

Bronfenbrenner, U. (1974). *Is early intervention effective? A report on longitudinal evaluations of preschool programs.* (Vol. 2). Washington, DC: Office of Child Development, Department of Health, Education and Welfare.

Bronfenbrenner, U. & Neville, P.R. (1994). America's children and families: An international perspective. In S.L. Kagan & B. Weissbourd (Eds.), *Putting families first: America's support movement and the challenge of change.* (pp 3-27). San Francisco: Jossey-Bass.

Carnegie Task Force on Meeting the Needs of Young Children. (August, 1994). *Starting points: Meeting the needs of our youngest children*. New York: Carnegie Corporation of New York.

Children's Defense Fund. (1994) *Helping children by strengthening families: A look at family support.* Washington, D.C.: Children's Defense Fund.

Cost, Quality and Outcomes Team. (January, 1995), *Cost, Quality and Child Outcomes in Child Care Centers, Executive Summary.* Denver, CO: University of Colorado at Denver.

Family Resource Coalition. (1996). *Making the case for family support.* Chicago: Author.

Kagan, S.L. & Weissbourd, B. (Eds). (1994). *Putting families first: America's family support movement and the challenge of change.* San Francisco: Jossey-Bass.

Kamerman, S.B. & Kahn, A.J. (1995). *Starting right: How America neglects its youngest children and what we can do about it.* New York: Oxford University Press.

Kamerman, S.B. & Kahn, A.J. (1994). *A welcome for every child: Care, education, and family support for infants and toddlers in Europe.* Arlington: Zero to Three/National Center for Clinical Infant Programs.

Koser, G., Ed. (1996). *From communities to capitals: State experiences with family support.* Chicago: Family Resource Coalition.

Office of Educational Research and Improvement (1993). *Working Paper: Review of Research on Achieving the Nation's Readiness Goal.* Washington, D.C.: U.S. Department of Education.

United States Congress (1993). Family Preservation and Support Services Program Act. Public Law 103-66. Washington, DC: U.S. Congress.

Weissbourd, Richard. (1996). *The vulnerable child: What really hurts America's children and what we can do about it.* Reading, MA: Addison-Wesley Publishing Company.

Weissbourd, Bernice. (1994). The evolution of the family resource movement. In S.L. Kagan & B. Weissbourd (Eds.), *Putting families first: America's support movement and the challenge of change.* (pp 3-27). San Francisco: Jossey-Bass.

Other sources used, but not specifically cited:

Barnett, W. S. (1993) New wine in old bottles: increasing the coherence of early childhood care and education policy. *Early Childhood Research Quarterly*. Volume 8; pages 519-558.

Center for the Future of Children. (Winter, 1995) *The Future of Children: Long-term outcomes of early childhood programs*. Volume 5, Number 3. Los Altos, CA: The David and Lucille Packard Foundation.

Hoelting, J., Sandell, E., LeTourneau, S., Smerlinder, J. & Stanik, M. (June/July, 1996) The MELD Experience with Parent Groups. *Zero to Three*, Vol. 16:6, pp. 9-18. Washington, DC: National Center for Infants, Toddlers and Families.

Weiss, H. & Halpern, R. (1989) *The Challenges of Evaluating State Family Support and Education Initiatives: An Evaluation Framework*. Cambridge, MA: Harvard Family Research Project.

APPENDIX A: LEGISLATION (Section 84)

Chapter 71 of the Acts of 1993

MASSACHUSETTS EDUCATION ACT OF 1993

Section 84

The Department of Education is hereby authorized and directed to establish a demonstration project on or before September first, nineteen hundred and ninety-four, to assess various models of parent outreach programs in working with families of children between the ages of one and three years. Said project shall gather data and test a variety of parent outreach programs, in order to choose the model most effective and compatible with the overall system in the Commonwealth for universal implementation by January first, nineteen hundred and ninety-seven. The models selected shall be tested within urban, suburban, and rural school settings. Models chosen for the demonstration project shall include but not be limited to, the following: home visits by parent educators to educate parents about the physical, mental and emotional development of children; assistance and support to parents for meeting their own educational needs; promotion of literacy within the home; substantial parental involvement in activities for children; guidance at each stage of a child's development; periodic health screening and testing of children to check language and motor development; and group visits with other participating parents.

Participation by parents during the demonstration project and thereafter shall be voluntary. Parent outreach programs shall be made available to all parents free of charge. Outreach efforts, initially, should focus on populations of children identified as educationally at risk.

Said demonstration projects shall terminate on December first, nineteen hundred and ninety six. The Department of Education shall file a report of its findings, together with its recommendations and drafts of legislation necessary to implement a model program, by filing the same, on or before the first Wednesday in December, nineteen hundred and ninety-six, with the Clerk of the House of Representatives who shall forward the same to the Joint Committee on Education.

The Department shall submit to the General Court a budget request to implement the provisions of this section no later thān December thirty-first, nineteen hundred and ninety-three.

Amendments as of July 31, 1996

AN ACT ESTABLISHING A DEMONSTRATION PROJECT FOR CERTAIN PARENT OUTREACH PROGRAMS

Whereas, the deferred operation of this act would tend to defeat its purpose, which is to immediately establish a demonstration project for certain parent outreach programs, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. The first paragraph of the section 84 of chapter 71 of the acts of 1993 is hereby amended by inserting after the first sentence the following sentence: Said department is further authorized and directed to establish a demonstration project to assess various models of parent outreach programs in working with families of school age children.

SECTION 2. Said first paragraph of said section 84 of said chapter 71 is hereby further amended by striking out the second sentence and inserting in place thereof the following sentence: Said projects shall gather data and test a variety of parent outreach programs in order to choose the model most effective and most compatible with the overall system in the commonwealth for universal implementation by January first, nineteen hundred and ninety-seven.

SECTION 3. The second paragraph of the said section 84 of said chapter 71 is hereby amended by striking out the first sentence and inserting in place thereof the following sentence: Participation by parents during the demonstration projects and thereafter shall be voluntary.

APPENDIX B: PROPOSED LEGISLATION

DRAFT

AN ACT TO EXPAND FAMILY OUTREACH AND EDUCATION

SECTION 1. Chapter 15 of the General Laws is hereby amended by inserting after section 65 the following section:

Section 61. The department of education shall create a collaborative, comprehensive, high-quality network of family outreach and education services in every community in the commonwealth. The Massachusetts Family Network shall be expanded to provide these services for families with children birth to three. Similar services shall be provided for families with preschool aged children through coordination with the Community Partnerships Councils, established pursuant to section fifty-four of chapter fifteen, or other family support program. Family education and outreach services shall be provided for families with children up through third grade by expanding or coordinating with existing programs for families with younger children or other family support or outreach programs.

The purpose of the program is to develop local networks of community-based family outreach and support programs to promote the well-being of children and their families. The services and activities provided by such local networks shall be affordable, culturally sensitive and accessible. The networks shall build upon existing resources in the community and shall emphasize preventive programs that are designed to increase the strength and stability of families and the healthy development of young children. They shall provide leadership opportunities for families and foster the development of community and inter-family relationships.

The department shall, subject to appropriation, fund proposals to provide family education and support services to families with children from birth to grade three. Family and support services shall include, but are not limited to, the following: promotion of family literacy and adult education, parent-child activities that afford opportunities to meet other participating families, guidance in child development, health and developmental screening, home visits, assistance and support to parents for meeting their own educational and family needs, such as food, shelter, transportation and child care. Proposals to provide these services shall be developed by a community coalition. Only one proposal may be submitted by each city or town. Pursuant to this section, participating families may make payments in accordance with a sliding scale fee for some activities. Fees shall be developed by the community coalition overseeing the project.

Community coalition membership should include, but not be limited to, parents, representatives from public and private early child and education programs (including Head Start), Early Intervention, local businesses, higher education, local religious organizations, social services, municipal agencies such as libraries and public health agencies, and others with experience in family education and support. Coalition members shall be broadly representative of the racial and ethnic diversity of the community. The coalition shall select a lead agency, which may be a public school, an educational collaborative, a Head Start agency, a licensed

child care program, or other non-profit community agency. The coalition shall develop a proposal which the lead agency shall submit to the department. The lead agency may subcontract with other public and private agencies to provide family education and support services.

Proposals shall describe how they will meet the following goals:

(1) coordinate a system of community family education and support resources and services for all families with children from birth to grade three;

(2) plan and conduct outreach to all families with children from birth to age three through a variety of methods and ensure that families who may be hard to reach by traditional methods are located and offered opportunities to participate in a program that meets their needs;

(3) structure opportunities for all families with children from birth to age three to build upon their own educational experiences, build parenting skills and enhance their children's development, take leadership roles in the community, and build community and inter-family relationships. Services shall include family literacy and adult education, parent-child activities, guidance in child development, health and developmental screening, home visits, assistance and support to parents for meeting their own educational and basic needs, such as food, shelter, transportation and child care.

(4) evaluate the community's family network project and develop a process for making adaptions and improvements based on evaluation information.

APPENDIX C: SAMPLE OF QUALITY INDICATOR INSTRUMENT

Massachusetts Family Network
Quality Indicators / Self-Assessment Instrument

Component: *Family and Child Development Services:* **Health & Developmental Screenings**

Goal(s): To identify potential problems as early as possible. To ensure that access to health & developmental screenings are available to families. To prevent health problems. i.e. immunizations.

Quality Indicator	Status of Indicator				Action Plan	Comments
	Needs to be Done	Planning Stage	Partially Implemented	Implemented w/ongoing revlew		
All screening and prevention services are available in the community: • hearing • vision • child development • lead paint testing • nutrition • safety • immunizations • health history						
Families know of available screening services (family is the determinant of outcome).						
Awareness/outreach materials are presented in culturally and linguistically appropriate ways.						
Families are aware of the need for health and developmental screening.						
Problems identified in screenings receive appropriate referral.						

APPENDIX D: INDIVIDUAL PROJECT PROFILES

ASSABET VALLEY AREA FAMILY NETWORK

Community: Assabet Valley Area (Marlboro, Hudson, Northboro, Southboro, Westboro)

Lead Agency: Assabet Valley Collaborative in partnership with Wayside Community Programs

Contact Person: Sharon Switzer, MFN Coordinator (508) 481-8290, FAX # (508) 460-6993
Gerry Kuperschmidt, Director/Assabet Valley Collaborative (508) 485-9430 ext. 463
Nancy Morse, Director/Wayside Community Programs (508) 481-8290 ext.105

Summary:
This program provides family support to strengthen all families by providing a collaborative, comprehensive, high quality network of services. Services are available through a network provided by the coalitions that have been built by the Family Network - includes human services, public schools, health and preventative resources, civic organizations and business community.

Highlights of Services:

- Home visits
- Health and developmental screening
- Adult education
- Family literacy
- Family support and leadership opportunities
- Family support groups
- Newsletters
- Lending library of toys and books
- Resource sharing among providers
- Outreach to families
- Child care, transportation for project activities
- Workshop for businesses on child care
- Bilingual outreach family educator
- Peer leadership teams (parent to parent)

CENTER FOR FAMILIES OF NORTH CAMBRIDGE / FAMILY NETWORK

Community: Cambridge

Lead Agency: The Kids' Council/Cambridge Department of Human Services

Contact People: Caroline Ross, Director for the Center for Families of North Cambridge (617) 349-3002
Mary Wong, Director of The Kids' Council (617) 349-6239

Summary:
Funding from the Massachusetts Family Network Grant was used to establish the Center for Families; a city-wide initiative of school-linked, neighborhood-based, drop-in centers to serve all families, particularly those with children aged birth through five years old. By coordinating and integrating formal and informal community resources, the Centers will link families to a full range of services to support them in nurturing their young children. One participating parent commented, "This project is to deal with the scattered nature of services." The project began by developing a pilot center in the North Cambridge/Fitzgerald Elementary School neighborhood. Additionally, an interagency agreement was developed between the Cambridge Public Schools, the Cambridge Department of Human Service Programs, and the Cambridge Department of Health & Hospitals/The Cambridge Hospital to support the project.

Highlights of Services (running year round):

- Newborn Home Visiting Program
- Health and developmental screening (families with children birth through 5 years old)
- Adult education for parents
- Parent support activities
- A large indoor play and recreation space for parent and child play time
- Parent-child classes
- Dental care (in planning stage)
- Information, referral and assistance
- Crisis case management
- Parent empowerment and advocacy

FIRST CONNECTIONS FAMILY NETWORK

Communities: Concord, Acton, Boxborough, Bedford, Carlisle, Harvard, Lincoln, Littleton, Maynard, Stow, Sudbury

Lead Agency: C.A.S.E. Collaborative in partnership with Concord Family Services

Contact People: Ronna Cohen, MFN Coordinator (508) 287-0221, FAX # (508) 371-1463
Linda Mathews, MFN Admin. Asst. (508) 287-0221
Nancy Clayman, MFN Supervisor (508) 369-4909
Gerry Mazor, Director/CASE Collaborative (508) 371-9470
Gail Fields, Director/Concord Family Service (508) 369-4909

Summary:
As partners, CASE Collaborative and Concord Family Services have developed a model of family education and support network for all families with children birth through 3 years old in an 11 town area. School systems, social service and health organizations and parents are collaborating to meet the diverse needs of all parents of young children.

Highlights of Services:

- A home visit or phone call to families with children birth through three years old
- Regularly scheduled parent education and support workshops
- Child Care for "First Connections" events and programs
- A toll-free telephone number for parents to connect families to specific resource based on identified needs
- Development and distribution of a comprehensive family resource guide to programs for parents of young children
- Community and family activities
- Parent council associations in all participating communities

HAMPSHIRE COUNTY FAMILY NETWORK (HCFN)

Communities: Amherst, Belchertown, Chesterfield, Cummington, Easthampton, Goshen, Granby, Hadley, Hatfield, Huntington, Middlefield, Northampton, Pelham, Plainfield, Southampton, South Hadley, Ware, Westhampton, Williamsburg, Worthington.

Lead Agency: Hampshire Community Action Commission, Inc. (HCAC)

Contact Person: James Ayres, HCFN Coordinator (413) 256-1051, FAX is the same #
Tim Diehl, HCAC Associate Director (413) 582-4200

Summary:

Goals of the Hampshire County Family Network are to increase outreach and access; enhance coordination of services; increase attendance at family activities and support groups; establish strong links between social service agencies and the medical community, and to increase the number of families with children using Family Network services. An additional goal is to create a single point of entry system for comprehensive family services. The project is based on the idea that parent participation on a partnerships basis is key to success of the Family Network.

Highlights of Services:

- Coordination and resources for all participating agencies
- Provision and coordination of services that will enable families to support each other and alleviate isolation and stress
- Home visiting and outreach linked to support programs
- Satellite parent groups held in apartment complexes, isolated neighborhoods, and villages
- On-Site child care for parents attending parent education courses at family centers and other accessible sites will be provided
- Cultural and language differences addressed through workshops for providers and families on child development practices and perspectives in different cultures
- Creation of a volunteer transportation system for families

MARTHA'S VINEYARD / THE FAMILY NETWORK 0-5

Community: Martha's Vineyard (6 towns: Chilmark, Edgartown, Gay Head, Tisbury, West Tisbury, Vineyard Haven)

Lead Agency: Martha's Vineyard Community Services

Contact Person: Susan Markwica, MFN Coordinator (508) 693-7900, FAX # (508) 683-7192
Marney Toole, MFN Family Services (508) 693-7900, FAX # (508) 683-7192
Debbie Milne, Early Childhood Program Director (508) 693-7900 ext. 281 FAX #(508) 683-7192

Summary:
This Network provides comprehensive services including parent outreach and support to every family with children prenatal through age five on Martha's Vineyard. This is accomplished through a creativ collaboration of resources including MV public schooos, MV Community Serivces, health professionals, social services providers, the local business community, and civic organizations..

Highlights of Services:

- Resource and Referral
- Consultation (to parents, child care providers and the community)
- Home Visits (to parents requesting information and support)
- Playgroups (5 per week)
- Support Groups (Parents of Newborns, Single Parents, Parents Anonymous)
- Newsletter, monthly to 500+ families and all social service, health and early childhood providers
- Parenting Classes (including infant massage)
- Parent to Parent Resource Network
- Breast Feeding Support Group
- Free Immunization Clinics and other health and developmental screenings
- Outreach and advocacy activities
- Lending Library of toys and books
- Transportation and child care when needed for families attending programs
- Monthly newspaper column on parenting
- Public Awareness Campaign
- Leadership Opportunities for parents through Parent Advisory Committee
- Solicitation of new grant monies for family support programming: Children's Trust Fund, Rotary International, Farm Neck Foundation

MEDFORD FAMILY NETWORK

Community: Medford

Lead Agency: Medford Public Schools

Contact Person: Marie Cassidy, MFN Coordinator (617) 393-2106
Laurie Barsanti, E.C. Coordinator (617) 393-2211 or 1468

Summary:
This project builds on established community partnerships to reach all families with children birth through five with programs, services and assistance to support successful families, facilitate inter-family and community linkages and provide for personal growth and development. The program promotes responsible parenthood through community-based education emphasizing the reduction of unnecessary risks, the creation of healthy environments, and the development of positive family attitudes and skills. Community support and services will be mobilized to ensure that every family with an infant or toddler is linked to a source of health care, child care, and parenting support and that there is an on-going process for strategic planning that is sensitive and responsive to existing and emergent local needs.

Highlights of Services:

- Establishing family groups with the goal of bringing families together in on-going relationships to share experiences, study early childhood development, form a support network, and learn about community resources
- Educational and support services provided to parents and centers
- Monitoring systems to ensure the maintenance of quality standards
- An information clearing house on quality available community child care settings
- Home visiting services by trained professionals to first time mothers and all families
- Creation of a "Safe Homes and Neighborhoods Program" to reduce incidence of unintentional injuries to infants and toddlers; prevention of child abuse and neglect; teach/promote non-violent conflict resolution through community-based counseling and intervention services

MILFORD FAMILY NETWORK PROJECT

Community: Milford

Lead Agency: Milford Public Schools

Contact Person: Ellen Gelpke, MFN Coordinator (508) 634-2355 or 2356
Sue Edwards, E.C. Coord., MFN Supervisor (508) 478-1483, FAX # 634-2349

Summary:
This project has coordinated direct services for children birth through three years old and built upon existing services. Specific components include: 1) Expansion of Parents As Teachers program which includes monthly home visits, monthly group meetings and a referral service to help families locate needed services; 2) active parenting courses for families that will meet once a week for six weeks and provide families with information on child development and good parenting practices; 3) active Teaching course for professionals working with birth through four age groups; 4) playgroups for parents and children ages 15 months through age 4 at various public locations in town; an extensive Family Network Advisory Council.

Highlights of Services:

- Local Newspaper column providing ongoing parenting information from local professionals and parents.
- Family Network Newsletter-distributed monthly to various child-related centers.
- Directory of area services for families.
- Family Network Phone Line
- An Infant-Toddler Fair
- Volunteer programs such as Single Parenting, For Men Only, Job Search, etc.
- Translation services
- Monthly cable TV panel
- Nutritional program
- Buddy system (list of parents of children birth through three years old, willing to help other parents, new to town, by sharing knowledge of available resources)
- Lending Library at Milford Town Library with materials for parents, teachers and children.

NEW BEDFORD FAMILY NETWORK PROJECT

Community: New Bedford

Lead Agency: P.A.C.E., Child Care Works

Contact Person: Pam Kuechler, Family Center Coordinator (508) 979-1927, FAX # (508) 984-4664
Esperanza Alejandro, Family Educator (508) 979-1927
Joanne Clark, Family Educator (508) 979-1927

Summary:
This project has created a service model based on the principles that services will be early childhood focused, family-centered, and school-linked. The program will include four major components: 1) Family Center, 2) Parents as Teachers program, 3) Community continuum of Family Support and Education, 4) Family Network Council. In addition, the Greater New Bedford Council for Children and Families (a collaborative interagency council) addresses community issues in regards to unmet needs, professional development, advocacy, and family and community awareness of existing resources.

Highlights of Services:

- Pregnancy and parenting classes
- Family home visiting
- Early intervention
- Home-based, outreach and clinic based counseling
- Early childhood care and education
- Child care resource and referral
- Home and center-based programs for young children with special needs
- Adult basic education, adult competency and employment training, family literacy
- Publication and distribution of a family newsletter
- Outreach through cable, radio, newspapers
- Drop-in child care center
- Clothing Exchange
- Lending Library

SOUTHERN BERKSHIRE COUNTY FAMILY NETWORK

Community: Great Barrington, Sandisfield, Otis, Stockbridge, West Stockbridge, Alford, Egremont, Montery, New Marlboro, Sheffield, Mt. Washington

Lead Agency: Southern Berkshire Regional School District in partnership with The Children's Health Program

Contact People: Claudette Callahan, Director/Family Support Network (413) 528-9311
Catherine Tower, Special Education Director/Southern Berkshire RSD (413) 229-8265
Linda Small, Director/Children's Health Program (413) 528-9311

Summary:
This project promotes the health and welfare of children (0-6) in southern Berkshire County through collaborative relationships between the Children's Health Program, the Southern Berkshire Regional School District as well as other school districts in this 11 town area, and a number of organizations working to support families with young children. This comprehensive project provides developmental, health, nutritional and social services to children and educates, guides and supports families. The home visiting program is the area in which the most growth in families is observed. Each family is matched with a trained volunteer home visitor and works towards a goal established by the family. The home visitor is supervised by professional staff. The program is cost effective, averaging $2.50 an hour. Quite often the families helped take the volunteer training and reach out to other families in the area as a way of expressing their gratitude for the help they received.

Highlights of Services:

- Home visits, parent-child play groups, parent to parent volunteers, well-child clinics, case management and a variety of parent groups
- Increased availability of licensed family day care homes with built in support system
- Establishment of mini-video and book lending libraries in rural areas with videos on child development
- Provision of transportation as an important service in a rural area
- Use of "Parent to Parent" Model developed by High Scope, Inc.
- Toy and clothing exchange
- Car seat rental

FAMILY TIES, A COLLABORATION OF FAMILY SUPPORT IN THE WORCESTER COMMUNITY

Community: Worcester

Lead Agencies: Worcester Public Schools and Pernet Family Health Services

Contact Person: Elizabeth Vietze, MFN Coordinator (508) 799-3136, FAX (508) 799-3129
Harri Thibeault, Director/Pernet Family Health Services (508) 755-1228, FAX # (508) 797-3477
Alan Chates, Transition Program Director/Worcester Public Schools (508) 799-3108

Summary:
This project is a comprehensive, coordinated, culturally competent, family-centered network of support that is designed to promote optimal development of children birth through three years of age and their families. It includes collaboration among families, schools, neighborhoods, and health and social service agencies, building on the strengths of existing health, social, educational and family related services. The project develops and supports opportunities for families to plan, implement and participate in a range of learning, recreational and help-promoting activities. Family Ties is most proud of the ways parents are working together to support each other. Individually celebrating holidays together, trading rides and child care, helping out in times of need and collectively, developing support groups in English and Spanish, reaching out through family activities and sharing helpful ideas via the newsletter. The families participating are creating their own natural extended support networks.

Highlights of Services:

- Accessible sites with evening hours
- Linguistically appropriate workshops for bilingual families
- Leadership opportunities for families through Parent Leadership Committees
- 24-hour parent telephone line
- Case management approach in which staff and families act as a team to mutually assess needs, develop goals and coordinate and evaluate service delivery
- Health and developmental screening
- Educational and nutrition workshops
- Adult education opportunities
- Home visits to provide information and support on child development and related needs
- Family Fun Day & Family Fair
- Latino Parent Group